

INSTRUCTOR APPLICATION

Registry for CFSTES (Certification) Courses

Please Print or Type

NAME:

First Middle Last

DEPARTMENT:

Current Employer

DEPT ADDRESS:

Street

City State County Zip

HOME ADDRESS:

Street

City State Zip

TELEPHONE: Work - () Home - ()

Refer to the State Fire Training Policies and Procedures manual for specific instructor requirements. Applications are reviewed by the PACE II (Peer Assessment for Credential Evaluation) committee on a quarterly basis (January, April, July, October). Include with your application all appropriate documentation for each area of interest selected below.

SELECT YOUR AREA(S) OF INTEREST:

LEVEL 1, 2, 3

COMMAND	1A	1B	2A	2B	2C	2D	2E
DRIVER/OPERATOR	1A	1B					
HAZARDOUS MATERIALS	1A	1B	1C	1D	1F	1G	
INSTRUCTOR	1A	1B	2A	2B	2C	3	
INVESTIGATION	1A	1B	2A	2B	2C	2D	2E
MANAGEMENT	1	2A	2B	2C	2D	2E	
MECHANIC	1	2A	2B	2C	3		
PREVENTION	1A	1B	1C	2A	2B	2C	3A 3B
PUBLIC EDUCATION	1						

I, the undersigned, am the person applying for regional instructor. I hereby certify under penalty of perjury under the laws of the State of California, that all statements made therein are true in every respect. I understand that misstatements, omissions of material facts, or falsification of information may be cause for denial.

APPLICANT'S SIGNATURE: DATE: